



## Meeting Minutes

**Subject:** Medical Services Committee  
**Date:** June 9, 2017 – final  
**Voting Members:** Dr. Burstein (chair), P. Brennan, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Geller, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen.

**Absent Members:** Dr. Conway, S. Gaughan, Dr. Walker and Dr. Walter.

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### 1.0 Agenda

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### 2.0 Call to Order

Dr. Jon Burstein called to order the June meeting of the Emergency Medical Care Advisory Board's Medical Committee at 10:06 am on June 9, 2017 in the Operations Room at the Massachusetts Emergency Management Agency (MEMA)-Framingham.

### 3.0 Motions

The following table lists the motions made during the meeting.

Motion	Result
<b>Motion:</b> by Dr. Tennyson to accept the April minutes. Seconded by D. Faunce.	<b>Approved-</b> Dr. Burstein, P. Brennan, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen. Opposed-none. Abstention-none.

Motion	Result
<b>Motion:</b> by Dr. Old to move the Ondansetron dosing in Protocol 2.13 Pain & Nausea Management from the Paramedic Section to the Advanced EMT section. To move the oral (po) option to the beginning of the route options noting that the Oral Disintegrating Tablet (ODT) is the preferred route. Seconded by Dr. Geller.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> by Dr. Cohen to approve Fallon Ambulance's Ketorolac special project. Seconded by Dr. Tennyson.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> by Dr. Geller to: 1.-provide all CPR by Cardio-Cerebral Resuscitation as described in Protocol 6.2 in all Protocols, 2.- in Protocol 6.2-Section 4 Compressions-remove the word medic in the second sentence-will read: Upon the arrival of EMS the first provider will initiate chest compressions as noted above, the second will place an oral airway and will provide highflow oxygen via a face mask or nasal cannula. 3-in Protocol 6.2-Section 4 Compressions-change the wording from "Once in place" to "If". (Will read: If an advanced airway is in place, ventilations will be asynchronous with compressions (1 ventilation every 6 to 8 seconds). Seconded by Dr. Old.	<b>Approved-</b> Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Geller, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen. <b>Opposed-</b> P. Brennan. <b>Abstention-</b> none.

#### 4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

#### Agenda

1. Acceptance of Minutes: April 21, 2017 meeting

**Motion:** by Dr. Tennyson to accept the April minutes. Seconded by D. Faunce.

**Approved:** Dr. Burstein, P. Brennan, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen.

10:09 Dr. Geller and Dr. Gutiérrez arrived

2. Task Force reports-no report

3. Old Business

- a. (System CQI report)-no report

- b. (MATRIS)-no report

- c. Seizure Treatment discussion (Mr. Faunce). Discussion and vote.

Region V family concerned that Ativan has been removed from the protocols. Reports family member only responds to Ativan and would like Ativan to be a service option medication. Discussion-could the family have the medication and be assisted by EMS? Concerns about medication expiration, storage etc. The Drug Control Program allows EMS to assist only with meds in the protocol. Dosing issue discussed. Patient's neurologist should be involved in discussion. D. Faunce to discuss options with family. No motion or vote.

- d. Status of protocol changes. Informational.

Emergency changes will be discussed with the Bureau Director next week.

#### 4. New Business

##### a. Advanced ondansetron (Dr. Dyer). Discussion and vote.

Advanced EMTs can insert IVs. Wait times in the ED are increasing. Discharge time could be shortened with management of symptoms. This would be for Adult and Pediatric patients.

**Motion:** by Dr. Old to move the Ondansetron dosing in Protocol 2.13 Pain & Nausea Management from the Paramedic Section to the Advanced EMT section. To move the oral (po) option to the beginning of the route options noting that the Oral Disintegrating Tablet (ODT) is the preferred route. Seconded by Dr. Geller. Approved by unanimous vote.

Protocol would read:

Adult: ☐ Ondansetron 4 mg PO-Oral disintegrating tablet (ODT) is the (preferred route), IV/IO or IM

Pediatric ☐ Ondansetron, for child under or up to 25 kg. 2 mg. PO-Oral disintegrating tablet (ODT) is the (preferred route), IV or IM; for a child over 25 kg., 4 mg. PO-Oral disintegrating tablet (ODT) is the (preferred route), IV or IM.

##### b. MAI SPW change to STP/MSC subcommittee? Postponed.

##### c. Special Project Waivers for Ketorolac-Douglas and Fallon. Discussion and vote.

Discussion-Fallon's IV dose is 10 mg. Differs from Brewster Ambulance's Ketorolac project and MSC's recommended dose in the pain protocol. Fallon will amend the IV dose to 15 mg.

**Motion:** by Dr. Cohen to approve Fallon Ambulance's Ketorolac special project. Seconded by Dr. Tennyson. Approved by unanimous vote.

##### d. Intubation in arrest (Dr. Geller). Discussion and vote.

New AHA data and 2010 studies indicate if intubated, a patient is 2-5 times more likely to die. Hasegawa and CARES data shows poor outcomes. 2016 Pediatric arrests in hospital and Get With The Guidelines (GWTG) resuscitation data shows low survival rates, tracheal intubation shows decreased survival.

Discussion: Protocol 6.2 Cardio-Cerebral Resuscitation reviewed. No intubation until 8 minutes-could make this the protocol the standard for care in Cardiac Arrest (CA). Could implement a recommendation that services would need at least a 25% survival rate to intubate CA patients-how to determine? Currently AHA and the International Liaison Committee on Resuscitation (ILCOR) recommend 8 minutes of quality CPR before intubation. From a regulatory perspective - would not recommend "no intubation" at this point. Reminder to providers to focus on providing quality (effective and continuous) CPR. No studies indicating that intubation works. How is the time of a CA calculated-from dispatch time?-members agree from the time that a trained professional arrives and assesses a patient. Airway management by Bag Valve Mask (BVM) and advanced airway is acceptable. Waveform capnography is required for advanced airway at this time. Not appropriate for BVM at this time. Often there is wasted time trying to intubate.

**Motion:** by Dr. Geller 1-to provide all CPR by Cardio-Cerebral Resuscitation as described in Protocol 6.2 in all Protocols.

2- in Protocol 6.2-Section 4 Compressions-remove the word "medic" in the second sentence-will read: Upon the arrival of EMS the first provider will initiate chest compressions as noted above, the second will place an oral airway and will provide highflow oxygen via a face mask or nasal cannula.

3-in Protocol 6.2-Section 4 Compressions-change the wording from “Once in place” to “If”. (Will read: If an advanced airway is in place, ventilations will be asynchronous with compressions (1 ventilation every 6 to 8 seconds). Seconded by Dr. Old. Approved- Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Geller, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen. Opposed-P. Brennan. Abstention-none.  
Routine Care Protocol 1.0 Advanced Airway Confirmation reviewed-no changes.

e. BLS glucagon (Dr. Geller). Discussion and vote.  
While waiting for ALS should BLS be able to give Glucagon to a hypoglycemic patient?  
Discussion-report of a 41 minute wait for ALS for a hypoglycemic patient. Potential problems with needle exposure administration and training. No motion.

Discussion of the August 11, 2017 meeting will cancel-difficult to get a quorum. Next meeting to be September 8, 2017, then in October.

Adjourned: 11:20 am

Next Meeting: September 8, 2017